

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)

SERIAL NO. 091771989  
APPLICANT(S)  
FILING DATE 1-30-01

CLAIMS

|              | AS FILED |      | AFTER 1st AMENDMENT |      | AFTER 2nd AMENDMENT |      |
|--------------|----------|------|---------------------|------|---------------------|------|
|              | IND.     | DEP. | IND.                | DEP. | IND.                | DEP. |
| 1            |          |      |                     |      |                     |      |
| 2            |          |      |                     |      |                     |      |
| 3            |          |      |                     |      |                     |      |
| 4            |          |      |                     |      |                     |      |
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| 49           |          |      |                     |      |                     |      |
| 50           |          |      |                     |      |                     |      |
| TOTAL IND.   | 2        | 1    |                     |      |                     |      |
| TOTAL DEP.   | 2        | 1    |                     |      |                     |      |
| TOTAL CLAIMS | 2        | 1    |                     |      |                     |      |

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| 99         |   |   |   |
| 100        |   |   |   |
| TOTAL IND. | 2 | 1 |   |
| TOTAL DEP. | 2 | 1 |   |
| TOTAL      | 2 | 1 |   |

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